Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-30-2010</u>	Address:	108 N. Pearl St.	
Case #;	13F75710		Knox, IN	
County:	Starke-75		<u>46534</u>	
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other;	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lifbium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Liquid Fire Corrosive Base: Lye Other (item and location): Ammonia Nitrate				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie Fire Department: Knox Fire Department		☐ Ephedrin ☐ Retail/Mo ☐ Other: <u>Pro</u>	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Precorsurs that serve the location: Fax: 574-772-4141	
Health Dep	artment: Starke County Health Dop. etion Service: N/A	Fax: <u>574-7</u> Fax: <u>574-7</u> Fax: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer; Wampler Phone 574-546-4900				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.